

Washington State Department of Agriculture Food Safety & Animal Health Division PO Box 42560 Olympia WA 98504-2560 (360) 902-2095

OFFICE USE ONLY	CASHIER USE ONLY		
ISSUED			
LICENSE NO.			
CFS WA LIC. NO			

## APPLICATION FOR LICENSE UNDER THE WASHINGTON CUSTOM SLAUGHTERING ACT (Chapter 16.49 RCW)

APPLICANT NAME  TELEPHONE NUMBER ( )  BUSINESS LOCATION STREET ADDRESS  DISTANCE TO CLOSEST OFFICIAL ESTABLISHMENT  BUSINESS LOCATION CITY, STATE, ZIP  DAY(S) OF INTENDED OPERATION (EXAMPLE: MONDAY, WEDNESDAY, FRIDAY)  MAILING ADDRESS  NAME OF WASHINGTON STATE PROCESS AGENT (Out-of-State Firms ONLY)  BUSINESS STRUCTURE INFORMATION  Check Business Type: □ INDIVIDUAL □ PARTNERSHIP (attach copy of partnership agreement) □ CORPORATION  BUSINESS NAME (Individual OR Partnership ONLY)  NAME OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)  COMPLETE ADDRESS OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)  COMPLETE ADDRESS OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)	AP	PLICANTI	NFORMATION		
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COMPLETE HOME OFFICE ADDRESS (Corporation ONLY)  LICENSE CATEGORIES/FEES (Check All That Apply)  Custom Farm Slaughterer (Fee: \$25.00)	NAME OF PARTNEH/OFFICER #3 (Partnership OH Corporation ONLY)	COMPLETE	ADDRESS OF PARTNER/OFFICER #3 (Partnership	OH Corporation ONLY)	
LICENSE CATEGORIES/FEES (Check All That Apply)  Custom Farm Slaughterer (Fee: \$25.00)	STATE OF INCORPORATION (Corporation ONLY)		DATE OF INCORPORATION (Corporation ONLY)		
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PO Box 42591 Olympia WA 98504-2591	• • • • • • • • • • • • • • • • • • • •				
	PO Box 42591		SIGNATURE OF APPLICA	ANT	
	Olympia WA 98504-2591		DATE SIGNED		